

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 30 1956

State File No. **13046**  
Registrar's No. ~~13046~~ **9168**

BIRTH NO.		REG. DIST. NO. <b>137</b>		PRIMARY REG. DIST. NO. <b>3023</b>		Registrar's No. <del>13046</del> <b>9168</b>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>Henry</b>		b. CITY (If outside corporate limits, write RURAL and give town(ship)) <b>Chinton</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Henry</b>	
c. LENGTH OF STAY (in this place) <b>2 days</b>		c. CITY OR TOWN <b>Chinton</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If rural, give location) <b>616 E. Lincoln St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>311 W. Ohio St.</b>		3. NAME OF DECEASED		4. DATE OF DEATH		5. SEX	
a. (First) <b>Mary</b>		b. (Middle) <b>Elizabeth</b>		c. (Last) <b>KINZEY</b>		a. (Month) (Day) (Year) <b>April 25 1956</b>	
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>December 17, 1875</b>		9. AGE (To years last birthday) <b>80</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Decatur, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>William Clark</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Swain</b>		14. NAME OF HUSBAND OR WIFE <b>Edward G. Kinzey</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Chark Parks Chinton Mo</b>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lobar pneumonia</b>				<b>4 days</b>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>490X</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>May 1955</b> , to <b>April 25 1956</b> , that I last saw the deceased alive on <b>4-25, 1956</b> , and that death occurred at <b>6 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>R J Powell DO</b>				23b. ADDRESS <b>Chinton Mo</b>		23c. DATE SIGNED <b>4/27/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4/28/1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New Church</b>		24d. LOCATION (City, town, or county) (State) <b>Johnson Co, Missouri</b>	
DATE REC'D BY LOCAL REG <b>4-27-56</b>		REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. E. Casales Chinton, Mo.</b>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Eugene R. Cousalun*.....

Licensed Embalmer No. *468*.....

P. O. Address *Clinton*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.